



UNITED STATES SENATOR • TENNESSEE

BOB CORKER



CONSENT FOR RELEASE OF INFORMATION

Due to the restrictions of the Privacy Act of 1974, a signed consent form must be returned to Senator Bob Corker to allow for the viewing of any personal files and information. The information includes, but is not limited to, medical records relative to the inquiry.

To begin processing your request, please complete the following information (Please Print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number(s) – Home: _____ Work: _____ Cell: _____

Email: _____ Fax: _____

Social Security Number: _____ – _____ – _____ Date of Birth (mm/dd/yyyy): _____

Complete the following fields only if applicable to your case.

MILITARY or VETERANS ISSUES

Veteran's Claim Number: _____ Branch of Service: _____

Rank/Unit: _____

SOCIAL SECURITY ISSUES

Type of claim filed: _____

Initial Claim	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

IMMIGRATION ISSUES

Applicant's Name: _____ Type of Application Filed: _____

Alien Registration Number: _____ Receipt Number: _____

Date of Birth: _____ Place of Birth: _____

Briefly explain your problem and/or desired information *(Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents.)*

In keeping with the Privacy Act of 1974; I _____, authorize any federal agency or department relative to my case, to provide information regarding my case/claim to U.S. Senator Bob Corker and staff.

Signature: _____ Date: _____

**Please Return Completed Form and Documents to the Field Office Serving the County in Which You Reside
(see next page).**

United States Senator Bob Corker
Field Office Locations

Chattanooga:

10 West MLK Blvd., 6th Floor
Chattanooga, TN 37402

Phone: 423-756-2757
Fax: 423-756-5313

Serving: Bledsoe, Bradley, Coffee, Franklin, Grundy, Hamilton, Lincoln, Marion, McMinn, Meigs, Moore, Polk, Rhea, Sequatchie, Van Buren, Warren and White.

Jackson:

91 Stonebridge Boulevard
Suite 103
Jackson, TN 38305

Phone: 731-664-2294
Fax: 731-664-4670

Serving: Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Henderson, Henry, Haywood, Lawrence, Madison, McNairy, Obion, Perry, Wayne and Weakley.

Knoxville:

800 Market Street, Suite 121
Knoxville, TN 37902

Phone: 865-637-4180
Fax: 865-637-9886

Serving: Anderson, Blount, Campbell, Clay, Cumberland, Fentress, Knox, Loudon, Monroe, Morgan, Overton, Pickett, Roane, Scott and Union.

Memphis:

100 Peabody Place, Suite 1335
Memphis, TN 38103

Phone: 901-683-1910
Fax: 901-575-3528

Serving: Dyer, Fayette, Lake, Lauderdale, Tipton and Shelby.

Nashville:

3322 West End Ave., Suite 610
Nashville, TN 37203

Phone: 615-279-8125
Fax: 615-279-9488

Serving: Bedford, Cannon, Cheatham, Davidson, DeKalb, Dickson, Giles, Hickman, Houston, Humphreys, Jackson, Lewis, Macon, Marshall, Maury, Montgomery, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Williamson and Wilson.

Tri-Cities:

1105 East Jackson Boulevard
Suite 4
Jonesborough, TN 37659

Phone: 423-753-2263
Fax: 423-753-3679

Serving: Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Sevier, Sullivan, Unicoi and Washington.

Mail or fax the completed form addressed to "U.S. Senator Bob Corker." Be sure to include the appropriate office address for the county in which you live.